

FD-258 (Rev. 5-98)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE

FOR

AT

LOCATION NUMBER

V.S.

PERSON REPRESENTED (Show your full name)

John Quezada

- 1 ☐ Defendant—Adult
 2 ☐ Defendant—Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

04-1748-CBS

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box --)

- ☐ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed
	Name and address of employer: <u>SELF EMPLOYED</u>
	IF YES, how much do you earn per month? \$ <u>Approx 300/month</u>
	IF NO, give month and year of last employment How much did you earn per month? \$ _____
OTHER INCOME	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, how much does your Spouse earn per month? \$ <u>100/month</u>
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES
CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>100.00</u>
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT
	VALUE DESCRIPTION

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input type="checkbox"/> SINGLE		
	<input checked="" type="checkbox"/> MARRIED	<u>10</u>	<u>wife + 2 parents + 6 children + brother + grandson</u>
	<input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED		
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt
	<u>Appt 300/month</u>		
	<u>(includes rent, food, other expenses)</u>		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
